



SHREE WARANA SAHAKARI BANK LTD; WARANANAGAR

Branch Name _____ शाखेचे नांव	Date : _____ दिनांक :
Customer ID _____ ग्राहक ओळख नं.	CKYC No. _____
Saving / Current A/c. No. _____ सेव्हिंग / चालू खाते नं.	Br. Code No. _____ शाखेचे को नं.

Please open my /our SAVING / BASIC SAVING / CURRENT Account as per details given below (whichever is applicable)
कृपया खालील माहिती आधारे माझे / आमचे सेव्हिंग / चालू खाते सुरु करावे. (नको असलेला मजकूर खोडावा)

Customer Type ग्राहकाचा प्रकार	☐ Individual ☐ Joint ☐ Partnership Firm ☐ Company ☐ Trust ☐ Society ☐ HUF ☐ Other Please Specify _____	Risk Review जोखीम पुनरावलोकन	High / Medium / Low ☐ ☐ ☐
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Mode of Operation	☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Any One or Survivor ☐ Jointly Operated ☐ As per Board Resolution
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Name of the Customer / ग्राहकाचे नांव : _____ Gender/ लिंग : ☐ Male ☐ Female ☐ Transgender

Surname / आडनांव	First Name / प्रथम नांव	Middle Name वडिलांचे/पतीचे नांव	Mobile / मोबाईल
1			
2			
3			
4			

1. Pan No. :- _____	1. Aadhar No. :- _____
2. Pan No. :- _____	2. Aadhar No. :- _____
3. Pan No. :- _____	3. Aadhar No. :- _____
4. Pan No. :- _____	4. Aadhar No. :- _____

If PAN card not available then Form No. 60/61 is Mandatory

Mother Name / आईचे नांव :

1	
2	
3	
4	

Permanent Address / कायमचा पत्ता

Full Address / पूर्ण पत्ता : _____

Taluka : _____ Dist. : _____
तालुका : _____ जिल्हा : _____

State : _____ Pin Code : _____
राज्य : _____ पिन नं. : _____

Corresponding Address / पत्रव्यवहाराचा पत्ता

Full Address / पूर्ण पत्ता : _____

Taluka : _____ Dist. : _____
तालुका : _____ जिल्हा : _____

State : _____ Pin Code : _____
राज्य : _____ पिन नं. : _____

DOB / जन्म दि.

1	D D M M Y Y Y Y	2	D D M M Y Y Y Y	3	D D M M Y Y Y Y	4	D D M M Y Y Y Y
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Customer Sign. / खातेदार सही

1.
ID CARD
PHOTO /
फोटो

Signature सही

2.
ID CARD
PHOTO /
फोटो

Signature सही

3.
ID CARD
PHOTO /
फोटो

Signature सही

4.
ID CARD
PHOTO /
फोटो

Signature सही

GENERAL INFORMATION / सर्वसामान्य माहिती

Profession व्यवसाय	☐ Doctor/डॉक्टर ☐ Employee/नोकरी	☐ CA/सीए ☐ Industrialist/उद्योग	☐ Engineer/इंजिनियर ☐ Farmer/शेतकरी	☐ Advocate/वकील ☐ Other/इतर
Religion धर्म	Hindu / Muslim / Sikh / Christian / Buddhist / Zoroastrian / Other Please Specify हिंदू / मुस्लिम / शीख/ख्रिश्चन / बौद्ध / पारशी / इतर _____			
Cast जात	General / OBC / SC / ST / NT / VJNT / Other Please Specify _____ सर्वसाधारण/इतर मागासवर्गीय / मागासवर्गीय/वर्गीकृत जाती/वर्गीकृत जमाती/भटक्या विमुक्त जाती जमाती/इतर			
Marital Status वैवाहिक दर्जा	Married/Unmarried / Divorce / Widow / Other Please Specify _____ विवाहीत/अविवाहीत/घटस्फोटित/विधवा/इतर Marriage Anniversary Date _____			
Blood Group रक्त गट	☐ A ⁺ ve ☐ A ⁻ ve ☐ B ⁺ ve ☐ B ⁻ ve ☐ O ⁺ ve ☐ O ⁻ ve ☐ AB ⁺ ve ☐ AB ⁻ ve			
Do you have Life Insurance Policy? If Yes जीवन विमा पॉलिसी आहे का? असेलतर -	☐ Up to 1 Lac रु.१.०० लखांपर्यंत ☐ Up to 2 Lac रु.२.०० लखांपर्यंत ☐ Up to 5 Lac रु.५.०० लखांपर्यंत ☐ above 5 Lac रु.५.०० लाखाचेवरील			
Vehicles Owned / स्वतःचे वाहन	Two Wheeler / दुचाकी/Four Wheeler / चार चाकी / Other / इतर _____			
Details of Children मुलांची माहिती	1. Name नांव _____ Dt. of Birth जन्म दि. _____ Age वय _____ Business व्यवसाय _____ 2. Name नांव _____ Dt. of Birth जन्म दि. _____ Age वय _____ Business व्यवसाय _____			
Educational Qualification शैक्षणिक पात्रता	SSC / HSC / Graduate / Post Graduate / Doctorate / Other Please Specify १० वी / १२ वी / पदवीधर / पदव्युत्तर / डॉक्टरेट / इतर _____			
Income Source आर्थिक प्राप्तीचे साधन	☐ Salary नोकरदार ☐ Business व्यावसायिक ☐ Retired सेवानिवृत्त ☐ Student विद्यार्थी ☐ Housewife गृहीणी ☐ Other-Please Specify इतर _____			
Annual Income of Applicant अर्जदाराचे वार्षिक उत्पन्न	☐ Up to Rs. 50,000/- रु.५०,००० पर्यंत ☐ Rs. 50,000/- to 1,00,000/- रु.५०,००० ते १,००,०००/- ☐ Rs. 1,00,000/- to 5,00,000/- रु.१,००,००० ते ५,००,०००/- ☐ Above 5 Lac रु.५,००,०००/- वरील			
Service Details नोकरी विषयक माहिती	Name of Employer _____ Address / पत्ता _____ Designation / पद _____ Duration / कालावधी _____ Dt. of Retirement / सेवा निवृत्त तारीख _____			

Customer Sign. / खातेदार सही

Details of A/c. of another Bank दुसऱ्या बँकेत खाते असल्यास त्याचा तपशील	Sr.No. अ.नं.	Banker's Name बँकेचे नांव	Branch शाखा	A/c Type खाते प्रकार	A/c No. खाते नं.	NOC Received Yes/No ना हरकत पत्र घेतले आहे/नाही.
	१					
	२					
	३	CKYC No.				

Staff/बँक सेवक	Yes/No	Retired Staff/निवृत्त बँक सेवक	Yes/No	Staff Related /सेवकांचे संबंधित	Yes/No
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If Staff related Account बँक सेवकांचे संबंधित खाते असल्यास	Name of the Staff बँक सेवकांचे नांव	Relationship नाते
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I/We have read, understood rules of the scheme and hereby agree to the Terms and conditions and charges as applicable to my/our account, I/We bound by the Bank's Rules (as amended from time to time) for the conduct of such account. मी/आम्ही सेव्हिंग/करंट खातेसंदर्भातील सर्व नियम वाचले असून ते सर्व नियम व अटी मला/आम्हाला मान्य असून ते सर्व नियम व त्या नियमात वेळोवेळी होणारे बदल माझेवर/आम्हांवर बंधनकारक आहेत. या खातेचे बाबतीत वेळोवेळी होणाऱ्या नियमांचे पालन करणे मला/आम्हांस बंधनकारक राहील.

SERVICES REQUIRED / सेवा-सुविधा आवश्यकता

1. ATM Card / ए.टी.एम. कार्ड	☐	2. QR Code Facility / QR कोड सुविधा	☐	3. SMS Service / एस.एम.एस. सेवा	☐
4. Cheque Book / चेक बुक सुविधा	☐	5. Mobile Banking Service / मोबाईल बँकिंग सेवा	☐	6. Locker / लॉकर	☐

In case of Current Account only :-

1.1 I Declare that I don't have any Cash Credit / Term Loan / Current Account Bank Account with any other Bank or Financial Institute. Yes / No. If Yes then Fill 1.2 ☐ Y ☐ N

माझे इतर कोणत्याही बँक अथवा कोणत्याही वित्तिय संस्थेमध्ये कॅश क्रेडिट/चालू खाते अथवा कर्ज खाते नाही. ☐ होय / ☐ नाही

जर होय असेलतर कॉलम 1.2 भरा

1.2 If yes, no objection certificate is to be obtained from such Bank _____

Customer Sign. / खातेदार सही _____

Nomination Form

1. If Nomination required fill Nomination Details :

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/ our death:

Type of Nomination: ☐ Successive Nomination ☐ Simultaneous Nomination

Serial Number.	Name of Nominee	Adhar Number	Mobile number, if any.	Relationship with customer, if any.	Age	Order of priority in case of successive nomination.	#Proportion of amount of deposit in percentage in case of bank deposit.
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1.						First Nominee	
2.						Second Nominee	
3.						Third Nominee	
4.						Fourth Nominee	

Note: Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.

(i) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.

(ii) In respect of the deposits, out of column (G) and (H), only one column is to be filled.

(iii) Total percentage across all nominees in column (H) must equal 100%.

(iv) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B)

2. Cancellation of Nomination/Variation of Nomination:

I/We _____
of cancelling previous nominations in respect of the bank deposit.

3. Guardian Details (If any nominee is a minor)

Serial Number	Name of Nominee.	Name of Guardian.	Relationship with Nominee.	Adhar Number of Guardian	Mobile number of guardian, if any.
1					
2					
3					
4					

4. Declaration & signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief I/We understand that this nomination will supersede any previous nominations for the above-mentioned account(s).

Name of Depositor(s) :

@Signature of Depositor

If nomination not required:

I/we do not wish to make any nomination **in respect of the above deposit account. I/we confirm that the implications of not making a nomination have been explained to me/us by the bank and that I/We am/are fully aware of the same.**

This declaration is made voluntarily and with full understanding

Name of Depositor(s) :

@Signature of Depositor

@ In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.

Only Thumb impression (s) shall be attested by two witnesses

Signature of witness No1: _____

Name and address : _____

Signature of witness No : _____

Name and address : _____

Instructions for Customer:

1. You may nominate more than one individual, with clearly defined share percentages.
2. You may appoint successive nominees. In case of successive nomination, nomination shall be effective **only In favour of one individual In order of priority** in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination.
3. Nomination is applicable to **all bank accounts** above unless otherwise specified.
4. If deposit is made in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

5. For Bank Use Only

Received Nomination from Account Number : _____

Date of Receipt: ____/____/____ Recorded on CBS / Core Banking System: Yes/ No

Signature of Bank Official: _____

Name & Designation: _____ Acknowledgement Date -

We acknowledge receipt of registration, cancellation and/ or variation of the nomination made by you with respect to your deposit. _____

☐ Received
Customer Copy
Date _____
Customer Sign _____

Yours faithfully,

Signature of bank official with seal

Documents for Proof of Identification & Address official valid Documents (OVD)

- ☐ Aadhar CARD ☐ DRIVING LICENCE ☐ VOTER IDENTITY CARD
☐ PASSPORT ☐ NAREGA JOB CARD ☐ OTHER PLEASE SPECIFY _____
☐ Letter issued through National Population Register containing details of Name and address/
 I Consent to the bank verifying my KYC document.
 मी/ माझ्या केवायसी दस्तऐवजाची पडताळणी / व सी.के.वाय.सी. करण्यासाठी बँकेला संमती देत आहे.

TERMS AND CONDITIONS FOR OPENING OF DEPOSITS ACCOUNTS

1. I affirm and declare that I have read over and understood the rules and regulations of the "Bank" and those relating to various services offered by the Bank including but not limiting to debit card/SMS banking/Mobile Banking and any other facilities. I agree to abide by the same as amended/modified from time to time by the Bank/Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I waive the rights, if any, to have personal notice in respect of such amendments/modifications. I agree that the transactions and requests executed in my account(s) through mobile banking under my User ID and password/PIN/OTP will be legally binding on me & I am responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/details/OTP/PIN, etc., in such matters. I agree that Bank has got all the rights to debit my account for any service charge, expenses or other dues which the Bank is entitled/liable to recover from me. I also authorise the Bank and agree to close/discontinue my account without any notice to me (under normal circumstance, bank will not close account without giving 30 days notice indicating reason for closure). I hereby undertake to inform the Bank on any change in my communication address or constitution.
2. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG subsidy from Govt of India (GOI) in this account. I understand that if more than one benefit transfer is due to me, I will receive all the benefit transfer in this account.
3. I confirm and declare that I am not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
4. I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority. I hereby provide my consent to download the KYC records from the Central KYC Records Registry (CKYCRR) by using the KYC Identifier as submitted by me or retrieved through CKYCRR by using the information provided by me in the Customer Information Sheet (CIF). I hereby provide my consent to use the downloaded KYC information for opening of CIF and Accounts. I hereby consent to receive information from the Bank/Central KYC Registry/ GoI/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
5. I understand, acknowledge and authorise that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
6. I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended document/information provided by me unless revised self-certification as above is provided to the Bank.
7. I also agree that my failure to disclose any material fact/information known to me now or in future or my failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.
8. I also agree to furnish and intimate to the Bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the above matter or otherwise.
9. I shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
10. I undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
11. I understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
12. In case the account is opened without PAN, I undertake to submit PAN on or before such date as may be notified by the Government of India, failing which the account shall cease to be operational till the time PAN is submitted, as per Prevention of Money -Laundering (Maintenance of Records) Rules 2005.
13. In case, deemed OVDs are submitted for Current Address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing which I understand that my account may cease to be operational as per GOI guidelines at the material time.
14. I hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the account.
15. I confirm that the product features of BSBD account have been explained to me (applicable to BSBD account applicant)
16. Applicable for Small Accounts: I understand that this account shall remain operational initially for twelve months, can be extended for further twelve months on submission of evidence applied for OVD. The entire relaxation/provisions shall be reviewed after twenty four months.
17. I have been advised that if I do not provide my mobile number, I will not be eligible for any facility of electronic transactions.
18. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
19. I understand that in the event of failed Standing Instruction for Loan Repayment / dishonour of a cheque/NACH/ECS due to lack of funds / insufficient funds on 04 occasions during financial year no fresh cheque book would be issued., closure of account may also be considered.
20. I/We confirm that the product features of account have been explained to me.
21. I acknowledge receipt of rules and regulations of Savings Bank Account.

Customer Sign. / खातेदार सही

DECLARATION

I/We declare and confirm that

1. I/We have read the rules of the Bank and agree to abide by the same. I/We agree to inform the Bank Whenever any change occurs in my/our address/constitution/Partnership/Articles and /or Memorandum of Association. 2. I/We agree to maintain a minimum balance as per rules in our SB/CAA/c failing which the Bank may debit the charges as per rules. 3. I/We confirm that to the best of my / our knowledge and belief the above information is correct. I/We will indemnify you against any loss or damage you may suffer should any of the information prove to be incorrect,

I/We may have occasion from time to time to hand over to you for collection or negotiation cheques, Drafts or bills of Exchange (with our without document attached) and I/We hereby agree to you forwarding the same to you against for the time being for collection or negotiation. In the event of your having no independent collecting agent at any center, I/We hereby authorize you to send cheques by mail directly to the drawee bank itself. I/We hold you harmless, free from responsibility and indemnified for any loss suffered by your agent and also from any misdelivery, non-delivery or loss or documents in transit or at the destinations on account of any fault or neglect or for any reason whatsoever on the part of postal authority and / or agent/s employed by you for this purpose. In addition to your ordinary as holders of such cheques, drafts or Bill or Exchange, you are authorized to accept in payment there of banker's cheque/s payable at your station or other places and in the event of such cheque/s not being paid on presentation to debit the amount to our account with all charges incurred thereon. I/We confirm that you can present bill and receive the amount in respects at our entire risk and responsibility.

I/We also declare and confirm that I/We are not enjoying any credit facility with any other other bank/financial institution or any branch of your Bank except the credit facilities declared and detailed in this application and I/We undertake to inform you in writing, as soon as any other credit facility / facilities is / are availed of by me / us from any bank / financial institution / any other branch of your Bank.

In case of basic savings account I/We hereby declare that I/We don't have any other basic savings account with any other Bank.

I/We clearly understand that all the operation effected through my/our own ATM card at any of the ATM's installed by Shree Warana Sahakari Bank Ltd, Warananagar and / or installed by other bank and permitted to be used by ATM card holders of Shree Warana Sahakari Bank Ltd; Warananagar are binding on me/us. I/We have read and understood the terms and condition governing the network operation of ATM card and I/We have agreed to have agreed to Terms/Conditions as may be stipulated by Shree Warana Sahakari Bank Ltd; Warananagar from time to time.

I/We understand and undertake that the usage of the ATM card shall be strictly in accordance with the Exchange control regulation and in the event of any failure to do so, I/We will be liable for action under foreign Exchange Management Act, 1999, and the amendments thereof, stipulated by the Reserve Bank of India. I/We understand that the bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the bank may debit my account for service charges as applicable from time to time. I/We accept full responsibility for my / our debit card / UPI transactions and agree not to make any claims against Shree Warana Sahakari Bank Ltd; Warananagar in respect thereof.

IN WITNESS WHEREOF the Account Holder has put his Signature to this form after it was read over and explained to him/her in his/her vernacular language on the day and year herein above first written.

खातेदाराने या फॉर्ममध्ये भरलेली माहिती त्याच्या मातृभाषेमध्ये समजावून घेवूनच फॉर्मवर आज रोजी सहाय्य केलेल्या आहेत.

Yours faithfully,

Signature of Main Applicant
प्रमुख खातेदाराची सही

Signature of Joint Applicant 1
संयुक्त खातेदारी - ०१ ची सही

Signature of Joint Applicant 2
संयुक्त खातेदारी - ०२ ची सही

Signature of Joint Applicant 3
संयुक्त खातेदारी - ०३ ची सही

For office use only

The applicant in person and hereby confirm that the true copies of following documents in support of identity and address of applicants have been verified by me from the original and kept on Record. The applicants has filled this form in my presence.

1. Name and identification number of document in support of identity _____

2. Name and identification number of document in support of address _____

3. Note - In the event of death of depositor, premature termination of term deposits would be allowed without any penal charge.

I have verified all the relevant document and the account holder have signed Before verified. Applicant have signed in my presence.

particulars of Form DA 1 (if received) entered in nomination register Sr. No. _____ Dt. _____

Date : _____

Clerk

Officer

Branch Manager